

2017 TECHNICAL ASSISTANCE TRAINING

Community Development
Grants Administration (CDGA)

<http://city.milwaukee.gov/CommunityDevelopment310.htm>

Welcome

- Non-profit Center Staff Introductions
- Services provided by Non-Profit Center to all CDGA funded agencies
- Non-Profit Center survey

Community Development Grants Administration

- Steve Mahan – CDGA Director
- Mario Higgins – Associate Director
- Monique Lofton – Grant Compliance Manager
- Program Officers
 - Ah Ong Cha - 5534, *axcha*
 - Deanna Wilbern – 8145, *dwilber*
 - Maria Pellerin – 3847, *mpelle*
 - Matt Balistrieri – 2337, *mbalis*
 - Mary Richardson – 3824, *mricha*
 - Jeremy Belot – 5566, *jbelot*

Original Budgets/Budget Amendments

- Ah Ong Cha

Original Budget Components

Generally, Original Budgets are comprised of the following forms:

- Budget Forecast
- Justification Forms per cost category
- Activity & Outcome Measurement Workplan
- Project Activity Report with monthly targets
- Board of Directors Roster – Include DUNS #
- Staff Roster - Please make sure employees claimed are actually budgeted.
- Insurance Packet
- Certified Contractor Registration (CCR)

Budget Amendment

Budget Amendment Request Form

2017 BUDGET AMENDMENT REQUEST

Organization _____ NSP Area _____
 Amendment Number _____ Account #: _____
 CD000000043

TO BE COMPLETED BY ORGANIZATION:

Provide a Specific and Detailed Explanation for the Budget Amendment.
 Generic and Broad Statements will not be accepted.

<u>Budget Categories</u>	<u>Current Amount</u>	<u>Budget Changes</u>	<u>New Proposed Budget Amounts</u>
Personnel	\$ _____	\$ _____	\$ _____
Fringe Benefits	_____	_____	_____
General Services	_____	_____	_____
Office Supplies	_____	_____	_____
Equipment Purchase	_____	_____	_____
Equipment Rental	_____	_____	_____
Contractual Services	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

 (Date)

 (Signature of Project Director or
 Other Responsible Person **is required**)

TO BE COMPLETED BY CDGA MONITORING STAFF

CDGA Recommendation:

 Signature of Grant Monitor

 Date Completed

-ACTION REQUIRED-

_____ Administrative Approval/Denial of Budget Amendment written by Monitor.
 _____ Extension Budget (Contract Amendment Required)
 _____ Reprogramming Budget (Contract Amendment Required)

Organization:	
Account #:	CD000000043
Budget Amount:	
Program Year:	2017 - CDBG

FUNDED ACTIVITY(S)

Organization Signature:	Date
Accepted By (CDGA):	
Reviewed By (Compt):	

NRSA AREA									TOTALS
ACCOUNT#									
Cost Category									
Personnel									0
Fringe Benefits									0
General Services									0
Office Supplies									0
Equipment Purchase									0
Equipment Rental									0
Contractual Services									0
Other Costs									0
PERIOD TOTALS	0	0	0	0	0	0	0	0	0
CUMULATIVE TOTALS	0	0	0	0	0	0	0	0	0

Please make sure employees claimed are actually budgeted.

[illegible]

COMMUNITY DEVELOPMENTS GRANTS ADMINISTRATION

BUDGET JUSTIFICATION

GENERAL SERVICES

Project Name:		City Cost Category:	GENERAL SERVICES
Description:		Total Costs:	
Travel (for employees only):			
In-State			
Out-of-State (requires prior written Grant Manager approval)			
Staff Training (out-of-state requires prior written Grant Manager approval)			
Office Rent (mortgage + interest payments are not eligible)			
Utilities			
Telephone			
Office Cleaning			
Printing			
Advertising			
Banking Fees			
Memberships (Specify):			
Other (Specify):			
<p>All materials publishing or resulting from grant activities shall contain an acknowledgment of CDBG assistance. An acknowledgment of support shall be made through one of the following methods: "Funded in part (or in whole) by a City of Milwaukee grant of Community Development Block Grant funds", OR, the project shall display the official CDBG LOGO in connection with the activities sponsored by the grant. In this regard, the LOGO shall appear in a separate space, apart from any other signal or symbol. Project shall provide a copy of all materials publishing or resulting from grant activities with reimbursement requests.</p>			
TOTAL		0	

Make sure employees claimed are actually budgeted.

Staff Roster for Agencies with Grant Administered by the Community Development Grants Administration

Organization Name: _____

Date Completed: _____

Program Year: 2017

NAME & TITLE	RACE	ADDRESS-INCLUDE CITY, STATE & ZIP
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		
NAME:		
TITLE:		

Organizations receiving funding from Grant Programs administered by the Community Development Grants Administration must have adopted a written policy that, "effective January 1, 1996, all persons holding any of the grant funded staff positions administered by the Community Development Grants Administration shall be, and remain, residents of the City of Milwaukee".

NOTE: THIS FORM MUST BE SUBMITTED WHENEVER THERE ARE STAFF CHANGES.

CDGA FILE _____
COMPTROLLER _____

2017 CDGA Project Activity Report

Organization: Urban Farms Inc.

Prepared By: Nu McDonald Date 11/28/2016

Report #: _____

Accepted By: _____ Date _____

Account Number: CD000000043

EMPLOYMENT SERVICES - JOB PLACEMENT

05 – LMC – People: HUD Objective: Create economic opportunities; HUD Outcome: Sustainability

Principal Project Activity(s)	Measurement	Jan	Feb	Mar	Apr	Ma y	Jun e	July	Aug	Sep	Oct	Nov	Dec	Total # persons placed	Total LMI*persons placed	
JOB PLACEMENT	# OF PERSONS TRAINED (unduplicated)	Plan	0	0	0	10	0	0	0	10	2	1	1	0	24	
		Actual														
	# OF FULL- TIME JOB PLACEMENTS (unduplicated)	Plan	0	0	0	0	0	4	2	0	0	4	2	0	12	
		Actual														
	# OF PART-TIME JOB PLACEMENTS (unduplicated)	Plan	0	0	0	0	0	2	1	0	0	2	1	0	6	
		Actual														
	# PERSONS IN JOBS FOR 45 DAYS FULL- TIME (unduplicated)	Plan	0	0	0	0	0	0	0	2	2	0	2	3	9	
		Actual														
	# PERSONS IN JOBS FOR 45 DAYS PART- TIME (unduplicated)	Plan	0	0	0	0	0	0	0	0	2	0	0	3	5	
		Actual														

1. You are required to report the total number of persons served by the Job Training & Placement Activity, regardless of income. Of this total amount, you must report the total numbers that are of low to moderate income status, as indicated on the Direct Benefits Form.

2. The CDGA Employee Data Form and Direct Benefits Form (CDA 35) must accompany this report.

3. * = Low/Moderate Income

4. Part-Time - 20 hours per week; Full -time = 36 hours per week

YEAR 2017 CDGA ACTIVITY & OUTCOME MEASUREMENT WORKPLAN

Project Name: Urban Farms Inc.

Prepared By: Nu McDonald Date: 11/28/2016

Project Number: CD000000043

Approved By: _____ Date: _____

NRSA Area: 100

ACTIVITY	TIMETABLE	METHOD	EXPECTED OUTCOMES		OUTCOME MEASUREMENT <i>(may be more than one per activity)</i>	DATA SOURCE
			MID-TERM OUTCOMES	LONG-TERM OUTCOMES <i>(highlight one or more)</i>		
Individuals will receive Training	1 st Round of Training will Start in January, 2017 2 nd Round of Training will start during the second half of the year.	10 Individuals will complete the training during the 1 st Round 14 Individuals will complete the training during the 2 nd Round	24 Individuals will complete the training satisfactory	1. 24 will gain new skills	1. <i>Increase Economic Vitality</i> 2. <i>Improve Quality of Life</i>	Opportunity to participate in classroom and in-the-field training, earning a certificate for completion and placement in a job.
Individuals will get a Full-Time job and Part-Time Jobs	January-June, 2017 6 Individuals will obtain a Fulltime Job July-December, 2017 12 Individuals will obtain a Fulltime Job	18 Individuals will obtain Full-time and/or Part-time employment	18 Individuals will obtain Full-time and/or Part-time employment	1. 12 will obtain a full time job 2. 6 will obtain a part-time job	1. <i>Increase Economic Vitality</i> 2. <i>Improve Quality of Life</i>	Capacity to conduct ongoing job searches upon completion of career/training plan.

Other pieces...

Depending on the grant your agency receives from CDGA, you may need to submit additional documents with your original budget.

Make sure to always check with your Grant Monitor.

Provide email and phone number for employees that prepare Cost Report and Activity documentation to grant monitor.

Community Based Development Organizations (CBDOs)

– Mario Higgins

**CITY OF MILWAUKEE
COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION
HUD CBDO AFFIDAVIT for Organizations Qualifying as a HUD-Defined
Community-Based Development Organization**

(To be filled out by the Agency)

A qualified Community-Based Development Organization (CBDO) is an organization which meets the following criteria in at least one of the three sections listed below. Check the appropriate section for your organization.

Section I (Must meet all eight components and must submit a Board member profile form each member certified as meeting the low income representation criteria (see Board Member Profile form which is attached)).

- ☐ Is an association or corporation organized under State or local law to engage in community development activities (which may include housing and economic development activities) primarily within an identified geographic area of operation within the jurisdiction of the recipient, or in the case of an urban county, the jurisdiction of the country; and
- ☐ Has its primary purpose the improvement of the physical, economic or social environment of its geographic area of operation by addressing one or more critical problems of the area, with particular attention to the needs of persons of low and moderate income; and
- ☐ May be either non-profit or for-profit, provided any monetary profits to its shareholders or members must be only incidental to its operations; and
- ☐ Maintains at least 51 percent of its governing body's membership for low and moderate income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low and moderate-income neighborhood organizations located in its geographic area of operation; (See Board member profile form which must be filled out for each Board member as applicable to this section); and
- ☐ Is not an agency or instrumentality of the recipient and does not permit more than one third of the membership of its governing body to be appointed by, or to consist of: Elected or other public officials or employees or officials of an ineligible entity (even though such persons may be otherwise qualified under paragraph (v) of this section); and
- ☐ Except as otherwise authorized in paragraph (v) of this section, requires the members of its governing body to be nominated and approved by the membership of the organization, or its permanent body; and
- ☐ Is not subject to requirements under which its assets revert to the recipient upon dissolution; and
- ☐ Is free to contract for goods and services from vendors of its own choosing.

Section II: Does your organization meet one of the following requirements? Please check any that apply.

- ☐ 1. Is an entity organized pursuant to Section 301 (d) of the Small Business Investment Act of 1958 (15 U.S.C. 681 (d)), including those which are profit making, or
- ☐ 2. Is an SBA approved Section 501 State Development Company or Section 502 Local Development Company, or an SBA Certified Section 503 Company under the Small Business Investment Act of 1958, as amended; or
- ☐ 3. Is a Community Housing Development Organization (CHDO) under 24 CFR 92.2, designated as a CHDO by the HOME Investment Partnerships program participating jurisdiction, with a geographic area of operation of no more than one neighborhood, and has HOME funds under CFR 92.300 or is expected to receive HOME funds as described in and documented in accordance with 24 CFR 92.300(e).

Section III:

An organization that does not qualify under Section I or Section II may also be determined to qualify as an eligible entity under this section if the recipient demonstrates to the satisfaction of HUD, through the provision of information regarding the organization's charter and by-laws, that the organization is sufficiently similar in purpose, function, and scope to those organizations qualifying under Section I or Section II.

I certify that _____ (name of organization),
qualifies as a HUD-defined Community Based Development Organization according to (please check appropriate section):

Section I: _____
(Note: the organization must fulfill all eight conditions outlined in this section)

Section II: _____ (check those that apply) 1. _____ 2. _____ 3. _____

Section III: _____
(If you check Section III, please send the organization's most recent charter and by-laws and an explanation of how the organization is similar in purpose, function and scope to those organizations that qualify under either Section I or Section II).

(Board President - print name here) _____ (Board President's Signature) Date: _____ (required)

(Agency Executive Director - print name here) _____ (Agency Executive Director's Signature) Date: _____ (required)

Community Development Grants Administration - Year 2017

BOARD MEMBER PROFILE

**FOR CERTIFICATION
AS A COMMUNITY-BASED DEVELOPMENT ORGANIZATION (CBDO)**

The following information is provided so that the _____ (CDBG-funded agency) can be certified as a Community-Based Development Organization (CBDO). This is a requirement of receiving Federal funds.

I, _____ hereby certify that I am a Board member of the aforementioned agency and meet the criteria circled below:

1. I am a **resident** of the service area of the corporation listed above and my household income (adjusted for family size) falls within the chart shown below; (address _____) or,
2. I am an **owner or senior officer** of a business or institution located in and serving the service area of the agency listed above; (title _____ name & address of business or institution _____) or,
3. I represent a **low income neighborhood organization** serving the service area of the agency listed above, (role/position _____ name & address of institution _____).

I certify that the information provided above is accurate.

Signature _____

Date _____

Circle number in household and Family Income

(HUD 2016 Income Limits) Median Income \$70,200 (Milwaukee-Waukesha-West Allis MSA)

NUMBER IN HOUSEHOLD	EXTREMELY LOW INCOME LEVEL	VERY LOW INCOME LEVEL	LOW INCOME LEVEL	NON LOW INCOME LEVEL
1	\$ 14,750	\$ 14,751 - 24,600	\$ 24,601 - 39,350	Over \$39,350
2	16,850	16,851 - 28,100	28,101 - 44,950	Over \$44,950
3	20,160	20,161 - 31,600	31,601 - 50,550	Over \$50,550
4	24,300	24,301 - 35,100	35,101 - 56,150	Over \$56,150
5	28,440	28,441 - 37,950	37,951 - 60,650	Over \$60,650
6	32,580	32,581 - 40,750	40,751 - 65,150	Over \$65,150
7	36,730	36,731 - 43,550	43,551 - 69,650	Over \$69,650
8	40,890	40,891 - 46,350	46,351 - 74,150	Over \$74,150

Please note: move straight across chart after circling number in household

DEFINITIONS:

- 1) Extremely Low Income Level. This income level is at or less than 30% of County Median Income.
- 2) Low Income Level. This income level is between 31% and 50% of County Median Income.
- 3) Moderate Income Level. This income level is between 51% and 80% of County Median Income.
- 4) Non Low Moderate Income – Above 80% of County Median Income.

**Board of Directors Roster for Agencies with Grant Administered by the
Community Development Grants Administration**

Organization Name: _____

Date Completed: _____

DUNS Number: _____

Program Year: 2017

NAME & TITLE	RACE	ADDRESS-INCLUDE CITY, STATE & ZIP	TERM EXPIRATION
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			
NAME:			
TITLE:			

The Slate of Officers of the Board Shall Commence on _____ and End on _____.

NOTE: THIS FORM MUST BE SUBMITTED WHENEVER THERE ARE BOARD CHANGES.

CDGA FILE _____
COMPTROLLER _____

Contracts

– Maria Pellerin

- Contracts
- Attachment C
- Systems for Award Management (SAMS)

CONTRACTS

- **Read the contracts**
- Contracts need to be fully executed before any payments or cost reports can be submitted to CDGA
- Fully executed contracts require the agency signatures, CDGA signature, Comptroller, and the City Attorney signature
- Circulate the contracts, or pertinent sections to the responsible staff
- Most program guidelines, reporting requirements, and activity reporting information is outlined within the contracts
- Pay for performance guidelines are explained
- Most of the forms referred to within the contract can be found on CDGA's website
- Other Federal guidelines and requirements are also contained in the contract

SAMPLE

CITY OF MILWAUKEE,
a municipal corporation

By: _____
(Block Grant Director)

Date: _____

CONTRACTOR:

My Non Profit Agency

DUNS Number 234567

By: Ms. Lillie Smith

Title: Executive Director Date: 2/20/2017

By: _____ **

Title: _____ Date: _____

Countersigned:

(City Comptroller)

Date: _____

Examined and approved as to form
and execution this _____ day of
_____, 201____.

Assistant City Attorney

•

Signator must be a person authorized by agency by-laws or board resolution to sign contract.

**

Must be different than signator on above line. (Not required)

SAMPLE

CERTIFICATE REGARDING CORPORATE AUTHORITY

The undersigned hereby certify, represent and warrant that they are the duly elected officers or board members of My Non Profit Agency, a corporation organized and existing under the laws of the State of Wisconsin (the "Corporation"), incumbent in the offices set forth below their respective signatures, and as such officers they are familiar in general with the Corporation's affairs, properties and records and in particular with the contract to which this Certificate relates.

Reference is made to that certain Contract for Services ("Contract"), dated as of _____, 201____, between the Corporation and the City of Milwaukee, Wisconsin (the "City").

As an inducement for the execution and delivery of the Contract by the City, the undersigned, on behalf of the corporation, do hereby certify to the City as follows:

1. The Corporation is a corporation duly organized and validly existing in good standing under the laws of the State recited in the first paragraph of this Certificate.
2. The Corporation is licensed or authorized to do business in Wisconsin.
3. The Corporation has full corporate right, power and authority to enter into, execute and deliver the Contract and to perform its obligations thereunder.
4. The execution, delivery and performance by the Corporation of the Contract has been authorized by all necessary corporate action on the part of the Corporation.
5. The person named below was on the date hereof, and was on the dates of the execution of the Contract, the duly elected (or appointed) and qualified incumbent of the office of the Corporation set for below with his/her signatures:

*****Note: These signatures must be exactly the same as those on Page 26.**

Name	Title	Signature
<u>Ms. Lillie Smith</u>	<u>Executive Dir.</u>	<u>Ms. Lillie Smith</u>

The Contract has been duly executed and delivered on behalf of the Corporation by such person, who is authorized so to do, and the Contract constitutes a legal, valid and binding obligation of the Corporation in accordance with its terms.

6. No authorization, approval, consent or license of any regulatory body or authority, not already obtained, is required on the part of the Corporation for the valid and lawful authorization, execution and delivery of the Contract and the assumption by the Corporation of the obligations represented thereby.
7. The execution and delivery of the Contract and the assumption by the Corporation of the obligations represented thereby will not conflict with, violate or constitute a breach of, or default under the Corporation's Articles of Incorporation or Bylaws or any commitment, indenture, agreement, instrument or court or regulatory order to which the Corporation is a party or by which it or any of its properties are bound.

SAMPLE

8. On the date hereof, the Corporation has delivered to the Parties certain Resolutions of its Board of Directors. These Resolutions were in full force and effect on the dates of the execution and delivery of the Contract and continue to be in full force and effect on the date hereof.

Dated this 02 day of February, 2017.

(NAME OF CORPORATION)

*****Note: Board Member signature cannot be the same as on Pages 26 or 27.**

By: Mr. Robert Johnson

Title: Secretary

By: _____

Title: _____

(CORPORATE SEAL)

Attachment C

- Use the **Attachment C** found in the contract as a guide for:
 - Due dates of required reports,
 - Submission deadlines for budget amendments,
 - Dates for other requirements throughout the year.
 - Add reporting deadlines to calendar!

**ATTACHMENT C
COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION
2015 REPORTING DATES FOR FISCAL AND PROGRAMMATIC DOCUMENTS**

DOCUMENT NAME	FORM	APPLICABILITY	DUE DATES
Activity Report	CDA 62	All Subrecipients	10 days following end of each month Final Activity Report due January 15, 2016
Board of Directors Roster	Rosters	All Subrecipients	When there are Board Changes
Organization Budget	CDA 50	All Subrecipients	As indicated in the CDGA Award Letter
Budget Amendment and Amended Cost Allocation Plans (Request must be submitted with <u>Budget Amendment Request Form</u>)	Budget-Amendment Form	As Relevant	Budget Amendment & Amended Cost Allocation Plans are due September 30, 2015
Cash Advance Status Report	CDA 71	Prior Authorization Required	10 days following end of each month
Contract Extension Request	EXT-REQ	As Relevant	November 2, 2015
Computer Purchase Justification Form	Comp.Purch Jus	All Subrecipients	Approval required prior to purchase
Contractor and Subcontract Activity Form For Reporting Periods: October 1, 2014– September 30, 2015	HUD-2516	All Subrecipients	October 9, 2015
Cost Allocation Plan	Generated by Organization	All Subrecipients	March 27, 2015 All payments will cease if not approved by August 28, 2015
Cost Reports (With schedules of paid cost)	CDA 70 CDA 70 A	All Subrecipients	10 days following end of each month Final Cost Report Due January 15, 2016
Detail Schedule of Accrued Cost	CDA 72	As Relevant	10 days following end of each month Final report due February 5, 2016
Direct Benefits/Status Form	CDA 35	All Subrecipients	10 days following end of each month Final Report Due January 15, 2016
Outcome Performance Measurements documentation and data source due to CDGA:		All Subrecipients	January 15, 2016
Homeownership Assistance Project Completion Report Single - Unit (HUD-400096) Multi - Unit (HUD-40096-M) Rental Unit (HUD-40097)	HUD-40096 HUD-40096-M HUD-40097	HOME Projects	Due upon Project Completion and BI-Sign Off
Monthly Cash Advance Status Report	CDA 71	Prior Authorization Required	10 days following end of each month
Multiple Unit Homeownership Assistance Project Completion Report	HUD-40096-M	HOME Projects	Due upon Project Completion with Final Cost Report

ATTACHMENT C (Page 2)

Annual Deadline for completed NIP Projects	CDGA-36 Form 1a & 1b	Neighborhood Improvement Projects	January 29, 2016
All required documentation for completed NIP projects must be submitted to CDGA no later than January 29, 2016.	Lead Certification & Wipe Results		
Housing Production Close Out documents to be submitted: <ul style="list-style-type: none"> - Certificate of Code Compliance - HUD 40096 - Homeownership Completion Report - Certification of Household Size and Income - Tenant Certification of Household Size and Income - Regulatory Agreement and Covenant (Single Family) - Covenant and HOME Program Regulatory Agreement (Rental) - HOME Program Note 	Located in Housing Production Handbook	All Housing Production Agencies	Upon Sale of Property See Housing Production Handbook for specific instructions
Out-of-State Travel Request -- (Request must be submitted to CDGA at least 30 days prior to travel)	CDA 78	All Subrecipients	30 days prior to travel
Property Record Form and Invoice (Must be submitted with UCC Financing Statement)	CDA 76	As Relevant	Due with Cost Report
Payroll Register	Generated by Organization	All Subrecipients seeking reimbursement for Personnel Cost	Due with Cost Report Claiming Reimbursement for Payroll Cost
Rehabilitation Assistance to Homeowners & Tenants (NIPS)	CDA 36	Neighborhood Improvement Projects	Due upon Project Completion and BI Sign-Off
Section 3 Participation Project Work Force Report Recipients of CDGA funding, HOME funding and Section 108 funding or contractors to recipients of these HUD programs are required to adhere to Section 3 if: <ul style="list-style-type: none"> * the size of the award exceeds \$200,000. Any contractor or sub-contractor whose participation in such a project exceeds a threshold of \$100,000 must comply with Section 3. * The funded activity involves housing construction or rehabilitation, and other public construction, including other buildings or improvements, regardless of ownership. 	SEC 3	All Housing Programs funded at \$200,000 or more (See detail explanation in Column 1)	With Final Cost Report Due January 15, 2016
Staff Roster for Staff Funded with Grants Administered by CDGA	Rosters	All Subrecipients	When there are CDGA-funded Staff Changes

Revised 11/20/13

System for Awards Management

- Registration is required by all entities receiving Federal funds
- Required by the Federal government www.sam.gov/portal/SAM Federal website
- Be aware of renewal time each year. The SAM system does require a yearly renewal/verification
- CDGA cannot allow contracts to be disbursed if the agency Registration has expired
- CDGA cannot make payments to an agency if their registration has expired
- Contractors, subgrantees, and subcontractors that have been procured with Federal funds need to be checked in the Excluded Parties List system, which is also on the SAM website, to confirm that the contractor hasn't been excluded from being eligible to receive Federal funding. **Print verification page for the file.**



USER NAME

PASSWORD

LOG IN

[Forgot Username?](#)[Forgot Password?](#)[Create an Account](#)

HOME

SEARCH RECORDS

DATA ACCESS

GENERAL INFO

HELP

CREATE USER ACCOUNT

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

[Create User Account](#)

REGISTER/UPDATE ENTITY

You can register your Entity (business, individual, or government agency) to do business with the Federal Government. If you are interested in registering or updating your Entity, you must first create a user account.

[Register/Update Entity](#)

Use the SAM Status Tracker to:

[Check Status](#)

SEARCH RECORDS

All entity records from CCR/FedReg and ORCA and exclusion records from EPLS, active or expired, were moved to SAM. You can search these records and new ones created in SAM. If you are a government user logged in with your SAM user account, you will automatically have access to FOUO information.

[Search Records](#)

WHAT IS SAM?

[Need Help?](#)

The System for Award Management (SAM) is an official website of the U.S. government. SAM consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. There is NO cost to use SAM. Register to do business with the U.S. government for free directly from this site. Find free help with your SAM registration on our HELP tab, including user guides, videos, and FAQs.

NEWS AND ANNOUNCEMENTS

Learn more about these topics at SAM > General Info > News > Announcements:

- [Release notes](#) are posted for the SAM.gov release deployed on December 22, 2016.
- FAR Case 2015-022 redesignated the terminology for unique identification of entities receiving federal awards effective October 31, 2016.
- Service Contract Reporting for Fiscal Year 2016 (FY16) began October 11, 2016.
- Interested in the DATA Act FAR Data Collection Pilot? Visit [GSA Interact](#) or [www.cao.gov](#) for more information.
- SAM.GOV REGISTRATION IS FREE! There is NO FEE to register or maintain your SAM.gov registration.

USER GUIDES/HELPFUL HINTS

SAM Help: Find the full SAM User Guide, Quick Start Guides, Helpful Hints, and Webinars on the HELP tab.

Use the [SAM Status Tracker](#) to check your SAM entity registration status.

Federal Service Desk: Get additional FREE help with your SAM.gov registration at our [Federal Service Desk](#).

ATTENTION EXTRACT AND WEB SERVICE USERS

SAM Extracts and Web Services: Support for the legacy-formatted extracts and web services in SAM ended on October 31st, 2014. Federal systems using SAM data must convert to the SAM-formatted extracts and web services. If you see "You do not have access to this extract" you need to submit a Data Access Request for the appropriate role by logging in with the account that needs the role. Go to "Data Access" then click on either "System Data Access Request" or "Individual Data Access Request" (depending on your user account type) and follow the prompts to submit the request. Visit the [openIAE GitHub site](#) for more information about SAM's data, web services, and [RESTful API](#).

Search Records

Search Tips to Get Started:

- Looking for entity registration records or entity exclusion records in SAM? Use **Quick Search** if you know an entity's Business Name, DUNS Number or CAGE Code. Use **Advanced Search** to structure your search using multiple categories and criteria.
- Are you a Federal government employee? Create a SAM user account with your government e-mail address and log into SAM before searching to see FOUO information and registrants who chose to opt out of the public search.
- Conducting small business-focused research? In addition to what is contained in SAM, small businesses can provide the Small Business Administration (SBA) supplemental information about themselves. Use the [SBA's Dynamic Small Business Search](#) to conduct further market research.
- Trying to find a contractor participating in the Disaster Response Registry? Use the **Disaster Response Registry Search** to locate contractors willing to provide debris removal, distribution of supplies, reconstruction, and other disaster or emergency relief services in the event of a national disaster.

Choose Quick Search or Advanced Search

QUICK SEARCH:

(Example of search term includes the entity's name, etc.)

DUNS Number Search:

CAGE Code Search:

SEARCH

Need Help?

ADVANCED SEARCH:

Use specific criteria in multiple categories to structure your search.

ADVANCED SEARCH - ENTITY

ADVANCED SEARCH - EXCLUSION

DISASTER RESPONSE REGISTRY SEARCH

Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.
- [NOTE: Please read this important message when searching for exclusion records.](#)

Current Search Terms: dwight's superior* home* improvement*

[Clear Search](#)

TOTAL RECORDS: 0

[Save PDF](#)

[Export Results](#)

[Print](#)

Result page 0 of 0

Sort by

Order by

FILTER RESULTS

No records found for current search.

By Record Status

- ☒ Active
☒ Inactive

By Record Type

- ☐ Entity Registration
☒ Exclusion

[Apply Filters](#)

Result page 0 of 0

[Save PDF](#)

[Export Results](#)

[Print](#)

Glossary

[Search Results](#)

[Entity](#)

[Exclusion](#)

[Search Filters](#)

[By Record Status](#)

[By Record Type](#)

SAM Search Results

List of records matching your search for :

Functional Area: Performance Information

Entity Name: dwights's superior home improvements

No Search Results



Insurance Requirements

– Matt Balistrieri

Insurance Requirements

INSURANCE REQUIREMENTS INFORMATION

To All Community Development Grants Administration Subgrantees:

Insurance coverage must cover the full calendar year; January 1 through December 31.

A. General Requirements

A certificate of insurance acceptable to City evidencing the insurance requirements is to be provided. The certificate shall state that the issued insurance policies meet the requirements as outlined below. All certificates are to be provided within 30 days of final execution of this Contract. If such certificate is not received, the City of Milwaukee has the authority to declare this Contract terminated.

- A copy of the Additional Insured Endorsement must be provided, (see suggested sample language).
- An Affidavit Regarding Cancellation Provisions and the requested copy must also accompany the Certificate of Insurance.
- Policy numbers are required on the Certificate of Insurance. The City will not accept a binder.
- If your parent corporation is receiving more than one grant, then your limits have to match the combined total of the grants received.

All policies shall state that the City shall be afforded a thirty (30) day written notice of cancellation, non-renewal or material change by any insurers providing the coverage required by City for the duration of this Contract.

Insurance companies must be acceptable to City and must have a current A.M. Best rating of A- VIII or better.

All policies shall be written on an occurrence form, other than professional liability as noted below.

If subcontractors are used, each must meet all requirements in section A and B.

B. The minimum insurance requirements are as follows:

(1) Workers' Compensation and Employer's Liability

Workers' Compensation	Statutory Coverage
Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

- Employer's Liability at limits noted above or higher limits if needed to meet Umbrella underlying insurance requirements.
- Coverage shall be modified to include a Waiver of Subrogation Endorsement in favor of City including its directors, officers, agents, employees and volunteers.

Insurance Requirements

(2) Commercial General Liability

Commercial General Liability	\$1,000,000 each occurrence
General Aggregate	\$2,000,000 aggregate
Personal & Advertising Injury Limit	\$1,000,000 each occurrence
Products – Completed Operations Aggregate	\$2,000,000 aggregate
Medical Expense	\$ 5,000 each person

- Coverage must be equivalent to ISO form CG0001 or better.
- The City of Milwaukee shall be added as an additional insured using ISO form CG2026 or its equivalent.
- Coverage shall be modified to include a Waiver of Subrogation Endorsement in favor of City including its directors, officers, agents, employees and volunteers.
- The policy shall include independent contractors (owners/contractors protective) and contractual liability.
- Coverage will apply on a primary and non-contributory basis. We suggest the following wording:

"If you have agreed in a written contract that this policy will be primary and without right of contribution from any insurance in force for an Additional Insured for liability arising out of your operations, and the contract was executed prior to the bodily injury, property damage, personal injury or advertising injury, then this insurance will be primary over, and we will not seek contribution from, such insurance."

- Coverage shall apply to the risks associated with or arising out of the services provided under this contract.

(3) Auto Liability

Combined Single Limit	\$1,000,000 each accident
Medical Expense	\$ 10,000 each person

- If the Contractor owns or has any long term leased vehicles, coverage must be for Any Auto (Symbol 1). If there are no owned or long term leased vehicles, then coverage must be for Hired and Non-Owned Auto Liability (Symbols 8 and 9).
- Coverage shall be modified to include a Waiver of Subrogation Endorsement in favor of City including its directors, officers, agents, employees and volunteers.
- The City of Milwaukee shall be added as an additional insured.
- Coverage shall include contractual liability for risks assumed in this contract.
- Coverage shall apply to the risks associated with or arising out of the services provided under this contract.
- If Federal or State government(s) require a Motor Carrier filing, such filing shall be made available to City upon request.

Insurance Requirements

(4) Umbrella (Excess) Liability

Umbrella (excess) Liability	\$2,000,000 per occurrence
	\$5,000,000 aggregate

- The Umbrella Liability insurance shall provide coverage excess of the Employer's Liability, Commercial General Liability and Auto Liability Coverages, including the amendments stated above.

(5) Crime Insurance (if handling funds belonging to the City)

Employee Dishonesty	\$ 500,000 per loss
---------------------	---------------------

- The Crime Insurance shall provide coverage for Third Party Employee Dishonesty.
- If your project is granted a cash advance, then you are required to purchase and maintain the Crime insurance.

(6) Professional Liability (if professional services are required i.e. financial, medical, legal, accounting, computer, etc.)

Combined Single Limit	\$1,000,000 each accident
-----------------------	---------------------------

- Coverage must remain in effect for a period of not less than two years beyond the termination date of the contract.
- If a claims-made form is used and the change of insurer occurs during the contract period, continuity of coverage must be maintained by either retaining the original retroactive date or exercising the extended reporting period endorsement option from the expire policy for a period of not less than two years, if the replacement insurer will not preserve the original retroactive date.
- Coverage shall be modified to include a Waiver of Subrogation Endorsement in favor of City including its directors, officers, agents employees and volunteers.

If you have any further questions regarding this communication, please contact your Grant Monitor.

Certificate of Insurance

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME: PHONE: FAX: E-MAIL: ADDRESS:	CONTACT NAME: PHONE: FAX: E-MAIL: ADDRESS:
---	--

INSURED NAME: ADDRESS: CITY: STATE: ZIP:	INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
--	--

COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION IN ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Per one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is needed)

The City of Milwaukee is to be named as an additional insured on all Liability coverage.

CERTIFICATE HOLDER City of Milwaukee Community Development Grants Administration 200 East Wells Street, Room 606 Milwaukee, WI 53202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD © 1988-2014 ACORD CORPORATION. All rights reserved.

Insurance Provider(s) that Authorized Rep is affiliated with

Additional Insured

Certificate Holder

Must match signature on Affidavit regarding cancellation provisions

AFFIDAVIT REGARDING CANCELLATION PROVISIONS

COPY OF CANCELLATION
POLICY MUST BE PROVIDED

Ensure Affidavit is Notarized

Sample

AFFIDAVIT REGARDING CANCELLATION PROVISIONS

STATE OF _____)
_____) COUNTY)

_____, being first duly sworn

on oath, deposes and says that he/she is the agent of _____

_____, the insurer on the attached

certificate of insurance issued to Name of Funded Organization

(the insured)

Affiant further deposes and says that attached hereto is a true and correct copy of
the provisions of said policy governing notice to additional insured(s) in the event of
cancellation of said policy prior to its termination date.

Signature of Agent

Subscribed and Sworn to before me

This _____ day of _____, 20____.

Notary Public, _____ County, Wisconsin

My commission expires _____

Name of
Authorized
Insurance Rep

Name of Insurance
Company

Matching
Signature of
Authorized
Insurance Rep on
Certificate of Ins.

Monthly Reporting Documents

- Mary Richardson

- Cost Report - Required monthly
- Schedule of Paid Cost
 - *Incl. supporting documentation*
 - Paychex, time effort, receipts, invoices
- Project Activity Report
- Direct Benefits form (CDA-35)
 - *Back up Documentation according to activity, ie. Youth Services – new attendee listing*

Cost Report (Page 1)

- All agencies are required to submit time sheets for their first cost reports.
- If the agency submits more than one month on their first report then time sheets are required for every month submitted on that first report.
- Inconsistencies with reporting actual hours worked and the percentages claimed, will lead additional time sheets after the first report.

Organization Name: _____
Total Budget: \$ _____
Program Year: <u>2017</u>
Report # _____ Date: _____

**COMMUNITY DEVELOPMENT
GRANTS
ADMINISTRATION**

COST REPORT

ORIGINAL

AMENDMENT NUMBER

Current Report From: _____ Through: _____
Cumulative From: _____
Prepared By: _____
Signature Required

Page 1 of 2

Accepted by: CDGA _____ Date: _____
Accepted by: Comptroller _____ Date: _____

COST CATEGORY	BUDGET TO DATE	PREVIOUS MONTH COST PAID TO DATE	CURRENT MONTH PAID COST	COST PAID TO DATE	BUDGET BALANCE	ACCRUED COST
PERSONNEL						
FRINGE BENEFITS						
GENERAL SERVICES						
OFFICES SUPPLIES						
EQUIPMENT PURCHASE						
EQUIPMENT RENTAL						
CONTRACTUAL SERVICES						
TOTALS						

Cost Report

(Page 2)

COST REPORT
MONTHLY REPORT
Page 2 of 2

ORGANIZATION NAME _____ PREPARED BY: _____
REPORT #: _____ FROM: _____ THROUGH: _____ CUMULATIVE FROM: _____

ACCOUNT NUMBER	NSP AREA	TOTAL CONTRACT BUDGET	PREVIOUS MONTH COST PAID TO DATE	CURRENT MONTH PAID COST	TOTAL COST PAID TO DATE	CONTRACT BALANCE	ACCRUED COST
TOTALS							

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Agency Rep Signature
Required

Schedule of Paid Cost

Eligible Expenses from Approved Budget

- Proper back up
 - Invoices/receipts
 - Check #s
 - Dates

SCHEDULE OF PAID COST (MONTHLY COST REPORT)								
Organization Name:		Account # <u>CD0000000043</u>		Budget Category:		Cost Report Number:		
To Be Completed by Opperator						To Be Computed by City		
Check No.	Date	Payee/Description	Total Amount	% Claimed	Amount Claimed	Adjustment		Reimbursed
						Amount	Code	
Budget Category Total					0			
Adjustment Code Explanations: B - Not Currently Budgeted								

Example of Disallowance Letter from Comptroller's Office

Update future Cost Reports to totals stated in the disallowance letter

Martin Matson
Comptroller

Glenn Steinbrecher, CPA
Deputy Comptroller



Office of the Comptroller

February 13, 2017

Toni Biscobing
Special Deputy Comptroller

Aycha Sirvanci, CPA
Special Deputy Comptroller

Ref: Revenue & Cost Division

Milwaukee, WI 53233

Dear Mr.


Organization Name:
CDBG Project Cost Report #12

We have processed your request for reimbursement for Project Cost Report #12 covering the month of December, 2016 for \$6,465.49. Adjustments were made on your Project Cost Report due to the following:

- In the Fringe Benefits category, (+\$14.87) was allowed because incorrect amounts were entered in the Total Amount column. Also, <\$107.90> was disallowed because this budget category has been fully expended.
- In the General Services category, <\$432.23> was disallowed because this budget category has been fully expended as of Cost Report #11.

The total net costs disallowed in Cost Report #12 are \$525.26. Attached are Schedules of Properly Documented Paid Costs covering the month of December, 2016. Please adjust your records accordingly. If you have any questions, please call Catina Slocum at 286-0373.

Sincerely,


for Martin Matson
Comptroller

MM:cs
Attachment
CC: Mr. Steven Mahan - CDGA
Ref: CS50



**COMMUNITY DEVELOPMENT PROGRAM
PROJECT COST REPORT**

Organization: ()
Budget: \$30,000.00
Program Year: 2016
Operator:
Agreement Number:

Page 1 of 2

Cost Report #12
Current Report From: 12/1/2016
Through: 12/31/2016
Cumulative From: 01/01/16

Prepared by: Catina Slocum
Date: 2/10/2017

Original Budget: X
Amendment:

<u>Cost Category</u>	<u>Budget to Date</u>	<u>Previous Month Cost Paid to Date</u>	<u>Current Month Paid Cost</u>	<u>Cost Paid to Date</u>	<u>Budget Balance</u>	<u>Accrued Cost</u>
Personnel	\$ 19,160.00	\$ 15,869.69	\$ 3,315.64	\$ 19,185.33	\$ (25.33)	
Fringe Benefits	\$ 5,604.00	\$ 4,168.15	\$ 1,996.25	\$ 6,164.40	\$ (560.40)	
General Services	\$ 1,486.00	\$ 1,634.60	\$ -	\$ 1,634.60	\$ (148.60)	
Office Supplies	\$ 1,862.00	\$ 418.91	\$ 165.60	\$ 584.51	\$ 1,277.49	
Equipment Rental	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Purchase	\$ -	\$ -	\$ -	\$ -	\$ -	
Contractual	\$ 1,888.00	\$ 900.00	\$ 988.00	\$ 1,888.00	\$ -	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	
Pay for Performance	\$ -	\$ -	\$ -	\$ -	\$ -	
	<u>\$ 30,000.00</u>	<u>\$ 22,991.35</u>	<u>\$ 6,465.49</u>	<u>\$ 29,456.84</u>	<u>\$ 543.16</u>	

**COMMUNITY DEVELOPMENT PROGRAM
PROJECT COST REPORT**

Organization:
Cost Report #12

Prepared by: Catina Slocum
Cumulative From: 01/01/16

Page 2 of 2

Current Report From: 12/1/2016 Through: 12/31/2016

<u>Account #</u>	<u>Output #</u>	<u>Total Contract Budget</u>	<u>Previous Month Cost Paid to Date</u>	<u>Current Month Paid Cost</u>	<u>Cost Paid to Date</u>	<u>Contract Balance</u>	<u>Accrued Cost</u>
CD773!	G100	\$ 30,000.00	\$ 22,991.35	\$ 6,465.49	\$ 29,456.84	\$ 543.16	
		<u>\$ 30,000.00</u>	<u>\$ 22,991.35</u>	<u>\$ 6,465.49</u>	<u>\$ 29,456.84</u>	<u>\$ 543.16</u>	

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

City of Milwaukee CDA 70-r

Approved By: _____ Date: _____

Time Effort

- Time Effort – Submit with First Cost Report
- Copy of this form now on CDGA website

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Employee Time Tracking				Name:								Period Begins: 1/26/2015						
				Job Title:								Period Ends: 2/8/2015						
Day	Date	CDBG	Other										Total Worked	Hours Sick	Hours Vacation	Hours Holiday	Total PTO Hours	
Mon	1/26												0.00				0.00	
Tue	1/27												0.00				0.00	
Wed	1/28												0.00				0.00	
Thu	1/29												0.00				0.00	
Fri	1/30												0.00				0.00	
Sat	1/31												0.00				0.00	
Sun	2/1												0.00				0.00	
Subtotal		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Mon	2/2												0.00				0.00	
Tue	2/3												0.00				0.00	
Wed	2/4												0.00				0.00	
Thu	2/5												0.00				0.00	
Fri	2/6												0.00				0.00	
Sat	2/7												0.00				0.00	
Sun	2/8												0.00				0.00	
Subtotal		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total %		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Allocated PTO Hours		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Total Hours		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
I certify the hours worked are true and correct to the best of my knowledge and that this is an after the fact determination of my actual activities for the time period.																		
Employee:				Date:				Supervisor:				Date:						

Project Activity Report

2017 CDGA Project Activity Report

Organization: Urban Farms Inc.
 Report #: June 1 – June 30
 Account Number CD000000043

Prepared By: Nu McDonald Date 7/5/2017
 Accepted By: _____ Date _____

EMPLOYMENT SERVICES - JOB PLACEMENT

05 – LMC – People: HUD Objective: Create economic opportunities; HUD Outcome: Sustainability

Principal Project Activity(s)	Measurement		Jan	Feb	Mar	Apr	Ma y	Jun e	July	Aug	Sep	Oct	Nov	Dec	Total # persons placed	Total LMI*persons placed
JOB PLACEMENT	# OF PERSONS TRAINED (unduplicated)	Plan	0	0	0	10	0	0	0	10	2	1	1	0	24	
		Actual	0	0	0	8	2	2								
	# OF FULL- TIME JOB PLACEMENTS (unduplicated)	Plan	0	0	0	0	0	4	2	0	0	4	2	0	12	
		Actual	0	0	0	0	0	5								
	# OF PART-TIME JOB PLACEMENTS (unduplicated)	Plan	0	0	0	0	0	2	1	0	0	2	1	0	6	
		Actual	0	0	0	0	0	1								
	# PERSONS IN JOBS FOR 45 DAYS FULL- TIME (unduplicated)	Plan	0	0	0	0	0	0	0	2	2	0	2	3	9	
		Actual	0	0	0	0	0	2								
	# PERSONS IN JOBS FOR 45 DAYS PART- TIME (unduplicated)	Plan	0	0	0	0	0	0	0	0	2	0	0	3	5	
		Actual	0	0	0	0	0	1								

1. You are required to report the total number of persons served by the Job Training & Placement Activity, regardless of income. Of this total amount, you must report the total numbers that are of low to moderate income status, as indicated on the Direct Benefits Form.

2. The CDGA Employee Data Form and Direct Benefits Form (CDA 35) must accompany this report.

3. * = Low/Moderate Income

4. Part-Time - 20 hours per week; Full -time = 36 hours per week

- Back up Documentation according to activity, ie. Youth Services – new attendee listing
- Double check beneficiaries info adds up to the total on the activity report being reported for that month. This prevents the activity from being reported in our HUD system in a timely manner.
- Activity report numbers from January thru November are reported into HUD's reporting system and can not be changed in December.

[illegible]

Section 3 and Monthly Narrative Reporting

- Mario Higgins

Overview

- Purpose of Section 3 and Vicinity Hiring Preference
- Section 3 Requirements and Responsibilities
- How Does Section 3 and Vicinity Hiring Preference Apply?
- Vicinity Hiring Preference
- Tips to Overcome Obstacles
- Questions and Answers

Purpose of Section 3

“To ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low-income persons.”

What Section 3 is *NOT*.....

- *Not* race or gender specific
- *Not* an entitlement for eligible individuals and businesses
- *Not* only applicable to direct recipients
- *Not* optional – *It's the Law!*

Applicability for Housing & Community Development Programs

Threshold:

- \$200,000 for grantees and sub-recipients
- \$100,000 for contractors and subcontractors
- Housing rehabilitation (including lead-based paint abatement)
- Housing construction
- Demolition
- Other public construction

Activities Covered

CDBG

- Housing Rehabilitation
- Infrastructure
- Public Services
- Public Facilities

HOME

- Housing Rehabilitation
- New Construction

Applicability to Entire Project

- Section 3 requirements apply to the entire project or activity that is funded with Section 3 covered assistance, regardless of whether it is fully or partially funded with Section 3 Covered assistance.

Example: leveraged private funds with other programs

- If a project budget is \$500,000, and of that, \$250,000 is NSP, \$150,000 is state funded, and \$100,000 is private bank loans, Section 3 requirements will apply.

Definitions

Section 3 Resident

- Public Housing Resident, or
- Resident of metro area or non-metro county in which the Section 3 covered assistance is expended, and who qualifies as a low-income or very low-income person.

Definitions (cont.)

Section 3 Business Concern:

- 51% or more owned by Section 3 Residents, OR
- 30% of employed staff are Section 3 Residents, OR
- 25% of subcontracts committed to Section 3 Businesses



Compliance Reporting and Certification System

[City Home](#) > [Office of Small Business Development](#) > [Access B2Gnow](#) > [\[Home/Login\]](#)

Register & Apply for Certification Online

SBE & Section 3 Online Certification Process

Welcome! You are about to complete the on-line application for certification under the City of Milwaukee's Office of Small Business Development Certification Program. If you have any questions or need help while completing the application, please contact the Office of Small Business Development by email at OSBDTraining@Milwaukee.gov or by phone at 414-286-5553.

To continue, please select one option below:

Option 1 New Certification

Your firm is not currently certified.

» [Create Account](#)

Option 2 Recertification

Your firm is currently certified and you know your username and password to access this system.

» [Login](#)

Your firm is currently certified and you do **not** know your username and password to access this system.

» [Lookup Account](#)

After logging in to your account, you will be directed to the application form. You can also click the **Apply for Certification** link on the right side of the first page. If you require technical assistance while completing the application, please use our [online support form](#).

Quick Links

- [Search for Certified Firms](#)
- [Apply for Certification](#)
- [Training & Event Registration](#)
- [Contact Us & Support](#)
- [Forgot Password](#)
- [Account Lookup](#)
- [Help/First Time Users](#)

Numerical Goals

Employment:

- 30 percent (30%) of new full-time hires annually (means 1 out of 3 new hires should be qualified Section 3 residents)

Contracts:

- 10 percent (10%) of the total \$ amount of all Section 3 covered contracts for building trades work
- Three percent (3%) of the total dollar amount to all other contracts, like professional services contracts

Responsibilities

- Implement procedures designed to meet Section 3 requirements
 - Have a plan
- Notify Section 3 Residents and Business Concerns about training and employment opportunities
- Notify contractors and incorporate the Section 3 clause language
- Facilitate training and employment of Residents
- Award contracts to Section 3 Businesses
- Document actions to comply
- Submit Annual Summary Report

How Does Section 3 Apply?

A contractor is awarded 5 separate contracts of \$60,000 each to rehab 5 houses.

- Section 3 applies to the Grantee if they received more than \$200,000, since each contract is under \$100 000 the contractor does not share the 100,000, responsibility, only falls on the recipient (Grantee)
- HOWEVER, the recipient is still responsible for meeting its Section 3 goals, so it should award 10% of its contracts to Section 3 qualified business concerns.

Comptroller's Office

- Winifred Wilks
 - Cost Allocation Plans

Additional CDGA Staff

Rebecca Rabatin

- City of Milwaukee Americans with Disabilities Act Coordinator
- Contact with questions regarding ADA Regulation for Federally Funded Organizations
- 286-3475, rrabat@milwaukee.gov

Jessica Langill

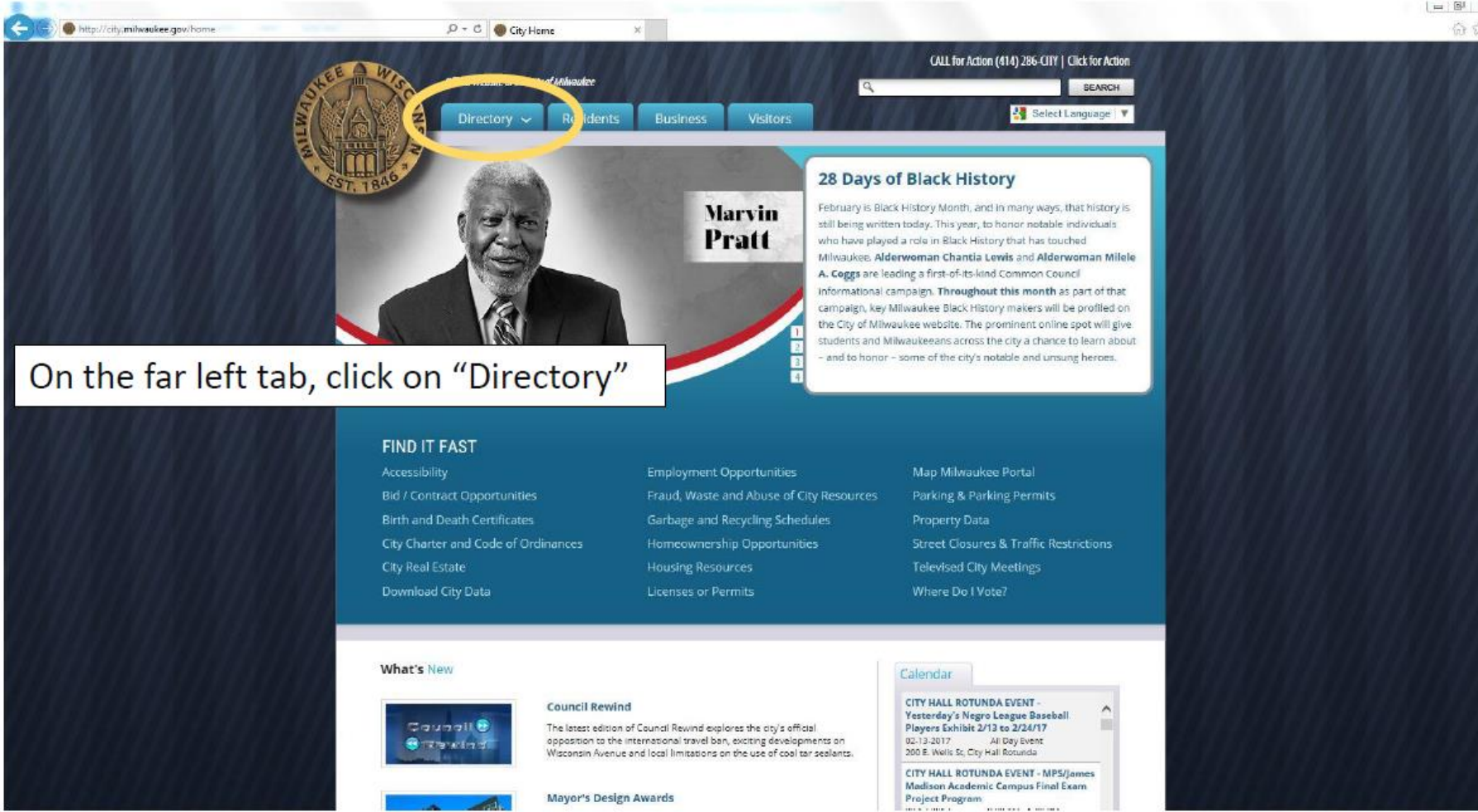
- Equal Rights Specialist
- Contact with questions regarding Equal Access & Gender Identity Rules
- 286-5532, jlangi@milwaukee.gov

Patricia Ruiz-Cantu

- Community Outreach Manager
- Contact with questions regarding issues within neighborhoods
- 286-5626, paruizc@milwaukee.gov

Where to find CDGA Forms

Go to: <http://city.milwaukee.gov/home>



The screenshot shows the City of Milwaukee website. At the top, there is a navigation bar with the following links: [Directory](#), [Residents](#), [Business](#), and [Visitors](#). The 'Directory' link is circled in yellow. To the right of these links is a search bar and a 'Select Language' dropdown menu. Below the navigation bar, there is a large banner featuring a portrait of Marvin Pratt and the text '28 Days of Black History'. Below the banner, there is a section titled 'FIND IT FAST' with a grid of links: Accessibility, Bid / Contract Opportunities, Birth and Death Certificates, City Charter and Code of Ordinances, City Real Estate, Download City Data, Employment Opportunities, Fraud, Waste and Abuse of City Resources, Garbage and Recycling Schedules, Homeownership Opportunities, Housing Resources, Licenses or Permits, Map Milwaukee Portal, Parking & Parking Permits, Property Data, Street Closures & Traffic Restrictions, Televised City Meetings, and Where Do I Vote?. At the bottom, there is a 'What's New' section with a 'Council Rewind' article and a 'Mayor's Design Awards' article, and a 'Calendar' section with a 'CITY HALL ROTUNDA EVENT - Yesterday's Negro League Baseball Players Exhibit 2/13 to 2/24/17'.

On the far left tab, click on "Directory"

http://city.milwaukee.gov/home City Home

CALL for Action (414) 286-CITY | Click for Action

Official Website of the City of Milwaukee

Directory Residents Business Visitors

Select Language

Elected Officials and Administration

- Administration
- Assessor's Office
- City Attorney
- City Clerk
- City Comptroller
- City Treasurer
- Common Council
- Election Commission
- Mayor's Office
- Sustainability

Health, Safety and Services

- Emergency Management and Homeland Security
- Fire Department
- Health Department
- Library
- Neighborhood Services
- Police Department
- Public Works
- Milwaukee Water Works

Arts and Architecture

- City of Milwaukee Arts Board
- Historic Preservation Commission
- History of Milwaukee's City Hall

Business and Development

- Community Development Grants Administration
- Office of Small Business Development
- Port of Milwaukee
- Purchasing Division

Judicial and Oversight

- Ethics Board
- Fire and Police Commission
- Municipal Court
- Zoning Appeals

Jobs and Employees

- Employee Relations
- Employees' Retirement System (ERS)
- Deferred Compensation Plan

Then find "Community Development Grant Administration," under Business and Development, then click on it.

FIND IT FAST

Accessibility	Employment Opportunities	Map Milwaukee Portal
Bid / Contract Opportunities	Fraud, Waste and Abuse of City Resources	Parking & Parking Permits
Birth and Death Certificates	Garbage and Recycling Schedules	Property Data
City Charter and Code of Ordinances	Homeownership Opportunities	Street Closures & Traffic Restrictions
City Real Estate	Housing Resources	Televised City Meetings
Download City Data	Licenses or Permits	Where Do I Vote?

What's New

Council Rewind

The latest edition of Council Rewind explores the city's official opposition to the international travel ban, exciting developments on Wisconsin Avenue and local limitations on the use of coal tar sealants.

Mayor's Design Awards

Calendar

CITY HALL ROTUNDA EVENT - Yesterday's Negro League Baseball Players Exhibit 2/13 to 2/24/17
02-13-2017 All Day Event
200 E. Wells St. City Hall Rotunda

CITY HALL ROTUNDA EVENT - MPS/James Madison Academic Campus Final Exam Project Program
02-17-2017 8:00 AM - 1:00 PM

http://city.milwaukee.gov/CommunityDevelopment310.htm

11:40 AM 2/17/2017

http://city.milwaukee.gov/CommunityDevelopment310.htm#.WKc1smeQyUk Community Development ...

Official Website of the City of Milwaukee

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Directory Residents Business Visitors

Find the sub-tab labeled, "CDGA Forms"

Community Development Grants Administration

About Us Funding Allocation Plan NSP Strategic Areas **CDGA Forms** Neighborhood Stabilization Program (NSP)

- 2014-2015 State Emergency Solutions Grant Forms
- 2015-2016 State ESG
- 2017 FORMS
- 2015 FORMS
- 2016 FORMS
- 2015 Port Security Forms
- 2016-2017 State ESG Forms

Community Development Grants Administration

Housing Trust Fund Application

Housing Trust Fund Application Attachments

Housing Trust Fund Technical Assistance Meeting Notification

2017 Proposed Funding Recommendations

- Community Development Block Grant (CDBG)
- HOME Investment Partnership (HOME)
- Emergency Solutions Grant (ESG)
- Housing Opportunities for Person with AIDS (HOPWA)

2017 Request for Proposals Booklet **2017 Request For Proposals Frequently Asked Questions**

Year 2017 Funding Allocation Plan (FAP)

Draft Draft 2015 Consolidated Annual Performance and Evaluation Report (CAPER)

Year 2016 Funding Allocation Plan (FAP)

[FINAL - Year 2014 Consolidated Annual Performance & Evaluation Report \(CAPER\)](#)

Continuum of Care Website link: <http://milwaukeeccoc.org/>

WI 501 Milwaukee City & County Continuum of Care FY14 NOFA Project Submissions

CoC FY14 Renewal and New Funding Analysis

Contact Us

City Hall
200 E. Wells Street
Room 606
Milwaukee, WI 53202

PHONE: 414-286-3647
FAX: 414-286-5003

Director
Steven L. Mahan

Phone: 414-286-3842
Fax: 414-286-5003
Email

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http://city.milwaukee.gov/CommunityDevelopment310/Forms.htm#WKc1ymeQyUk CDGA Forms

Official Website of the City of Milwaukee

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Directory Residents Business Visitors

Community Development Grants Administration

About Us Funding Allocation Plan NSP Strategic Areas CDGA Forms Neighborhood Stabilization Program (NSP)

SHARE Select Language

Community Development Grants Administration > CDGA Forms

Forms

Click on whichever year of forms you need.

2014-2015 State Emergency Solutions Grant Forms	2015 FORMS
2015 Port Security Forms	2015-2016 State ESG
2016 FORMS	2016-2017 State ESG Forms
2017 FORMS	

http://city.milwaukee.gov/CityLegacySite/CommunityDevelopment310/2017-FORMS.htm

Mayor Tom Barrett
Common Council


Departments
Directions, Hours & Directory

Residents
Business

Web & Email Policies
Web Accessibility Policy & Information

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2/17/2017

http://city.milwaukee.gov/CityLegacySite/CommunityDevelopment310/2017-FORMS.ht 2017 FORMS

 Official Website of the City of Milwaukee

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Directory Residents Business Visitors

SEARCH

Community Development Grants Administration

About Us Funding Allocation Plan NSP Strategic Areas CDGA Forms Neighborhood Stabilization Program (NSP)

SHARE Facebook Twitter Email Select Language

Community Development Grants Administration > CDGA Forms > 2017 FORMS

The **2017** Reporting Forms listed here are available as Microsoft Word Documents or Microsoft Excel Spreadsheets.

Please contact Community Development Grants Administration **CDGA** at 414-286-3647 for further assistance.

Administration

- Activity Outcome Measurement Workplan
- Board of Directors Roster
- Budget Amendment
- Budget Amendment Request
- Budget Amendment Request - ESG YTD
- Budget Amendment Request - HOME
- Budget Amendment Request - HOME/CHDO
- Budget Amendment Request - HOPWA
- Budget Forecast/Justification - CDBG
- Budget Forecast/Justification - CDBG YTD
- Budget Forecast/Justification - CHDO
- Budget Forecast/Justification - CHDO YTD
- Budget Forecast/Justification - Emergency Solutions Grant
- Budget Forecast/Justification - HOME
- Budget Forecast/Justification - HOME YTD
- Budget Forecast/Justification - HOPWA
- Budget Forecast/Justification - HOPWA YTD
- Client Income Verification Form
- Cost Report
- Cost Report - Administration
- Cost Report - HOPWA
- Cost Report - ESG
- Direct Benefits
- Direct Benefits Instructions
- Equal Employment Opportunity Form
- Equal Employment Opportunity Form Instructions
- Income Limits - HUD
- Match Chart (Actual) - ESG
- Preliminary Review Checklist
- Projected ESG Match Requirement
- Schedule of Paid Cost
- Schedule of Paid Cost - ESG

Find the document you need. If you are unsure of which document to find, contact your Grant Monitor.

11:42 AM 2/17/2017



THE END

Thank you for all your work to improve Milwaukee neighborhoods!

